PART B-ISSUE FEE TRANSMITTAL **Box ISSUE FEE** Complete and mail this form, together with applicable rees, to: **Assistant Commissioner for Patents** JUN 1 2 2000 Washington, D.C. 20231 MAILING INSTRUCTIONS This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed when propriate. All further correspondence including the Issue Fee Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used. for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Certificate of Mailing maintenance fee notifications. I hereby certify that this Issue Fee Transmittal is being deposited with CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. ar jeduai filip dad ja 18 tala 1827 W 13 11 J. Homann (Depositor's name) (Signature) (Date) **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED APPLICATION NO. First Named Applicant HAR KALES INBILM TITLE OF INVENTION ATTY'S DOCKET NO. CLASS-SUBCLASS SMALL ENTITY FFF DUF DATE DUE BATCH NO. APPLN, TYPE \$605.00 06/23/00 11) -440.20u WX5. 6644US Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent Polster, Lieder attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form Woodruff & Lucchesi, L.C member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent \*Fee Address\* indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted to X Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for ☐ Advance Order - # of Copies 
☐ filing an assignment. Roho, Inc. (A) NAME OF ASSIGNEE 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) DEPOSIT ACCOUNT NUMBER 162201 Belleville, Illinois (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) ☐ individual Corporation or other private group entity □ government ☐ Advance Order - # of Copies The COMMISSIONER OF/PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) 9118675 8/2000 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and 13/2000 CVORACH1 00000039 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TRANSMIT THIS FORM WITH FEE